



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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CERTIFIED FAMILY HOME ADVANCED DIRECTIVES SIGNATURE PAGE

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Every resident must be advised of his or her right to sign a Living Will and Durable Power of Attorney for Health Care. If the resident chooses to sign the Advanced Directives document, the home must have a copy of the form in the resident's file for use in case of an emergency.

I, the Certified Family Home Provider, have informed _____ of their right to have a Living Will and Durable Power of Attorney for Health Care on file.

Provider's Signature

Date

OR:

This resident, _____, is not capable of understanding the Advanced Directives forms or does not wish to complete the form at this time.

Provider's Signature

Date